

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1434

## CERTIFICATE OF DEATH

REGISTRAR'S NO.

572

BIRTH NO.

07 07 OF DEATH AND RESIDENCE 5	1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION. A. STATE Arizona B. COUNTY Maricopa		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Phoenix		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 5 mo 68 yrs		
	D. FULL NAME OF HOSPITAL OR INSTITUTION 502 W. Mohave		D. STREET ADDRESS 502 W. Mohave		
3 EDENT SONAL 3 ATA 170 4 350	3. NAME OF DECEASED (TYPE OR PRINT) Francisco Pablo Contreras			4. SEX Male	5. COLOR OR RACE White
	6. MARRIED NEVER MARRIED WIDOWED	7. DATE OF BIRTH MONTH June 7 1879	8. AGE YEARS 70 MONTHS 9 DAYS 14	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Butcher	9B. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Butcher
	9B. KIND OF BUSINESS OR INDUSTRY Meat Market	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) California	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVEN IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	13. SOCIAL SECURITY NO. None
CAUSE 151X OF DEATH M 18)	14A. FATHER'S NAME Lucas Marcos Contreras		14B. BIRTHPLACE (STATE OR COUNTRY) California		15A. MOTHER'S MAIDEN NAME Oriola Castro
	16. INFORMANT'S SIGNATURE El Monte, California		17. DATE OF DEATH (MONTH) (DAY) (YEAR) March 21, 1950		15B. BIRTHPLACE (STATE OR COUNTRY) California
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS. MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH apparent Cancer of stomach Tumor Strangulation of intestines prob. Cardiac Failure II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH		
ATIONS, TOPSY 2	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
ATH E TO ERNAL LENCE	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)
ICAL 5 RONER'S ICATION	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12:50AM 19 TO 19 THAT I LAST SAW THE DECEASED ALIVE ON 19 AND THAT DEATH OCCURRED AT 19 FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
ERAL 85 CTOR ND ITR	23A. SIGNATURE Alfred J. Lovel		23B. ADDRESS		23C. DATE SIGNED 3-22-58
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 3-23-50		24C. NAME OF CEMETERY OR CREMATORY St. Francis
2	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona		25A. DATE REC'D BY LOCAL REG. 3/22/50		25B. REGISTRAR'S SIGNATURE Beulah Johnston
	25C. GENERAL DIRECTOR'S SIGNATURE L. M. Mortensen Ph.D. Aug.		25D. GENERAL MEN'S SIGNATURE L. M. Mortensen 261A.		